

State of Maryland, DHMH
Office of Health Care Quality – Technical Assistance Unit
2006 Annual QA Survey

PATIENT SAFETY		
		Medications
	PS-M-01	Facility utilizes two forms of ID when administering medications
	PS-M-02	Facility has “read back” procedure for verbal orders and reporting of test results
	PS-M-03	Facility has procedure to ensure post change over orders are captured and transcribed on to new MAR
	PS-M-04	Facility has an approved list of “do not use” abbreviations
	PS-M-05	Facility updates abbreviation list to delete those that are no longer recommended
	PS-M-06	Facility audits compliance with list
	PS-M-07	Facility has system to reduce redundancy in documentation
	PS-M-08	Facility has a list of look alike/sound alike drugs that are used in the facility
	PS-M-09	Facility ensures an accurate medication list is developed, reconciled and communicated during inter facility and intra facility transfers
	PS-M-10	Facility monitors potential med errors
	PS-M-11	Facility monitors actual med errors
	PS-M-12	Facility monitors medications with high potential for toxicity
		Resident Care
		Facility has a communication system that includes a hand-off where resident care is concerned for:
	PS-RC1	Licensed staff:
	PS-RC2	Unlicensed staff:
		Falls/Injuries of Unknown Origin/Accidents/Falls
	PS-F-01	Facility has a fall reduction program that includes the following:
	PS-F-01a	Resident assessment for risk
	PS-F-01b	Environmental assessments
	PS-F-01c	Risk reduction strategies
	PS-F-01d	In-service education
	PS-F-01e	Resident/Family education program
	PS-F-01f	Development of transfer protocols
	PS-F-01g	Staff education of transfer protocols
	PS-F-01h	Environmental redesign
	PS-F-01i	Restraint assessment/reduction
	PS-F-02	Facility conducts comprehensive investigation for injury
	PS-F-03	Facility has mechanism to review falls
	PS-F-04	Facility has policy to refer fallers to PT
	PS-F-05	Facility has osteoporosis education program
	PS-F-06	Facility has osteoporosis screening program
	PS-F-07	Facility has osteoporosis treatment program
	PS-F-08	Facility has criteria for monitoring accidents and injuries
	PS-F-09	Facility does not have high prevalence of falls
	PS-F-10	Facility has method for E/A to deter T/P for accidents and injuries
	PS-F-11	Facility has established time frame for referral to QA Committee for accidents and injuries
	PS-F-12	Facility has plan for f/u for accidents and injuries
		PRESSURE ULCERS
	PU-01	Facility has consistency in assessment and treatment

State of Maryland, DHMH
Office of Health Care Quality – Technical Assistance Unit
2006 Annual QA Survey

	PU-02	Facility has consistent staff members assessing wounds
	PU-03	Facility has guidelines for prevention protocols for levels of risk
	PU-04	Facility has process to audit prevention protocols in accordance with levels of risk
	PU-05	PU's assessed at least weekly
	PU-06	PU assessment includes description of tissue
	PU-07	PU assessment includes pain
	PU-08	Facility has developed protocols for distinguishing between avoidable/unavoidable
	PU-09	PU - distinguish between stages
	PU-10	PU – distinguish between facility or community acquired
	PU-11	PU - distinguish between stasis/vascular
	PU-12	PU - track numbers of each type
	PU-13	PU - has wound team
	PU-14	PU - treatment modified if no improvement after 2 weeks
	PU-15	PU - none found at stage III or IV last 6 mos
	PU-16	PU - Method of data collection
	PU-17	PU - Method E/A to deter T/P
	PU-18	PU – Description thresholds/parameters
	PU-19	PU - Timeframes refer to QA Committee
	PU-20	PU - Description f/u to deter effectiveness or corrective action
ACTIVITIES OF DAILY LIVING		
	ADL-01	Facility has restorative nursing program
		Facility restorative nursing program includes the following:
	ADL-02	ROM
	ADL-03	Toileting
	ADL-04	Bladder training
	ADL-05	Ambulation
	ADL-06	Feeding
	ADL-07	Splint applic
	ADL-08	Assistive devices
	ADL-09	Rehab and Nursing evaluate restorative nursing plans routinely
	ADL-10	Rehab services evaluates resident promptly on admission
	ADL-11	Facility conducts audits of restorative program
	ADL-12	Facility educates staff on proper techniques
	ADL-13	Facility has feeding assistant program
	ADL-14	Feeding assistant program is approved by Department
LIFE SAFETY CODE		
	LSC1	Facility has sprinkler system/smoke detectors as required by regulation
EMERGENCY MANAGEMENT		
	EM-1	Facility has an Emergency Management Plan (Disaster Plan)
	EM-2	Facility has registered with FRED
	EM-3	Facility completed OHCQ form
ROOT CAUSE ANALYSIS PROCESS		
	RCA-1	Facility has structured process for conducting root cause analyses
	RCA-2	Facility utilizes RCA process when solving system problems

State of Maryland, DHMH
Office of Health Care Quality – Technical Assistance Unit
2006 Annual QA Survey

	RCA-3	Facility staff have been trained in RCA
	RCA-4	Facility involves line staff who own processes being studied
	RCA-5	Facility utilizes RCA process for near misses, sentinel events, unusual occurrences, and all medication errors
		RCA process includes the following:
	RCA-6	Identification of problem
	RCA-7	Development of action plan
	RCA-8	Implementation of Action plan
RETROSPECTIVE REVIEW		
	RCA-RR-1	Facility is implementing POC from all surveys/investigations
	RCA-RR-2	Facility has procedure for monitoring all deaths, including those that occur at hospital
	RCA-RR-3	Audits for monitoring deaths are clinically-driven
	RCA-RR-4	Facility conducts retrospective reviews on residents who were transferred urgently to the hospital
	RCA-RR-5	Facility tracks reasons for hospital transfers
	RCA-RR-6	Unanticipated deaths and health care associated infections are investigated for root cause
ONGOING MONITORING		
		Dehydration
	OM-D-1	Facility has process to communicate residents at risk to front line staff
	OM-D-1a	If resident is high risk, facility has process for monitoring fluid intake and medication regimen
	OM-D-2	Facility has methodology for monitoring hydration
	OM-D-3	Time frame is established for referring dehydration issues to QA Committee
		Weight Loss/Gain
	OM-WLG-1	Residents experiencing WL are promptly identified and reported to dietician, physician and direct care givers
	OM-WLG-2	Facility monitors for continued need to admin tube feedings (TFs)
	OM-WLG-3	Facility conducts audits to ensure medications, feedings and flushes are administered as ordered utilizing proper technique
	OM-WLG-4	Pleasure feeding is attempted for TF residents
		Delirium
	OM-DE-1	Facility has process for screening residents for delirium
	OM-DE-2	Delirium - facility is educating staff
		Pain Management
	OM-PM-1	Pain – question/assess residents every shift
	OM-PM-2	Pain - management pgm
	OM-PM-3	Pain - educate staff on types/management/treatment
	OM-PM-4	Pain - assess individual effectiveness of pain mgmt
	OM-PM-5	Pain - consider alternative/complimentary interventions
	OM-PM-6	Facility audits for pre-medication prior to wound treatment
	OM-PM-7	Facility audits for pre-medication prior to rehab
		Quality of Life (QoL)
	OM-QoL-1	Facility educates staff on QoL issues
	OM-QoL-2	Facility utilizes customer satisfaction surveys
	OM-QoL-3	Issues of concern are trended and corrective action taken

State of Maryland, DHMH
Office of Health Care Quality – Technical Assistance Unit
2006 Annual QA Survey

	OM-QoL-4	Variety of activities accommodate population served
	OM-QoL-5	Resident/family participate in individualized plan of care
PATIENT PLAN OF CARE (PPOC)		
	PPOC-01	Facility is aware of new COMAR regulation effective 10/05
	PPOC-02	Facility has P&P
	PPOC-03	Attending physician is active participant and if not, HCP has knowledge and skills necessary to discuss
	PPOC-04	PPOC is offered to all new residents
	PPOC-05	If resident or proxy declines, it is documented
	PPOC-06	PPOC process is audited
	PPOC-07	Comprehension of options provided to family and resident is assessed
	PPOC-08	Facility audits to ensure resident is offered the opportunity
	PPOC-09	Facility routinely updates/modifies
	PPOC-10	Facility has continuing education for: Physician Front Line Care Givers
	PPOC-11	All proxy entries are consistent with ADs
	PPOC-12	PPOC form accompanies resident upon transfer
ADVANCE DIRECTIVES		
	OM-AD-1	Facility has process to implement ADs at the appropriate time
		Facility's policy follows HCD Act
		AD process is audited
MEDICAL DIRECTOR		
	MD-01	Facility has written agreement w Med Dir which clearly specifies Medical Director's roles/duties/authority
	MD-02	P&P reflect Med Dir responsibility for overall coordination, evaluation and monitoring physician svcs
	MD-03	P&P reflect Med Dir responsibility for monitoring and evaluating outcomes of health care
	MD-04	P&P made available to residents/resident representatives whenever substantive changes made
	MD-05	Med Dir in collaboration with facility develop P&P that cover essential physician responsibilities incl providing appropriate, timely, pertinent documentation
	MD-06	Med Dir in collaboration with facility develop P&P that cover essential physician responsibilities incl advising resident/family re: formulating adv directives
	MD-07	Med Dir informs/educates attending physicians on their responsibilities
	MD-08	Med Dir monitors, coordinates, executes physician svcs and resident care
	MD-09	Med Dir systematically reviews quality of health care provided to residents
	MD-10	Oversight plan includes method to ensure physicians accept responsibility for residents under their care
	MD-11	Oversight plan ensures physicians provide appropriate, timely, pertinent medical care consistent w widely identified med principles relevant to facility population
	MD-12	Med Dir keeps documentation of activities in relation to responsibilities
	MD-13	Med Dir documentation shows evidence of interventions and follow up on effectiveness of interventions
	MD-14	Facility has mechanism for evaluating Med Dir performance and providing feedback
	MD-15	Criteria for Med Dir performance is based upon explicit responsibilities
	MD-16	Facility has reviewed and implemented new F-501

State of Maryland, DHMH
Office of Health Care Quality – Technical Assistance Unit
2006 Annual QA Survey

INFECTION CONTROL		
	IC-01	Staff are educated in CDC hand hygiene guidelines
	IC-02	Facility has protocol for administration and documentation of influenza vaccine
	IC-03	Facility has protocol for administration and documentation of pneumococcal vaccine
	IC-04	Facility has protocol to identify any outbreaks
	IC-05	Facility has protocol to manage an outbreak
	IC-06	Facility continuously monitors cases of influenza and pneumococcus and ensures reporting to the Health Department
	IC-08	Facility is aware of CDC Guidelines for TB dated December 2005
UNNECESSARY USE OF ANTIBIOTIC THERAPY		
	ABT-1	Facility uses accepted case definitions for infection and has system to monitor the use of these
	ABT-2	Medical Director reviews antibiotic therapy to ensure case definitions are met and takes appropriate action if not met
MRSA/VRE/ANTIBIOTIC RESISTANT ORGANISMS		
	ABT-3	Facility has process to track resident with drug resistant organism and takes appropriate follow up actions
UTIs		
	UTI-1	Facility is aware of and implementing new UTI/cath guidelines
INFLUENZA (Including Avian/Bird Flu)		
	Flu-1	Facility has process to encourage influenza vaccination for staff
	Flu-2	<i>Ask for staff immunization rates for 05-06</i>
RETENTION/RECRUITMENT		
		Staff Competency
	C-01	Facility has system for scheduled and unscheduled ongoing observation to assess clinical skills (monitoring competency)
	C-02	DoN has attended special training in responsibilities of her role
	C-03	DoN networks with other DoNs within and without the facility's corporate structure
	C-04	NHA networks with other NHA s within and without the facility's corporate structure
	C-05	Med Dir networks with other Med Dir s within and without the facility's corporate structure
	C-06	Facility tests/screens licensed nurses for competencies prior to hiring
	C-07	Facility has effective, ongoing system to ensure licensed staff have current verified licenses
	C-08	Facility has effective system to ensure credentialing of licensed independent practitioners.
	C-09	Facility has system to ensure agency staff hold current verified licenses and appropriate certifications
	C010	Facility has system to ensure agency staff is qualified and competent to perform assigned duties
	C-11	Facility ensures agency staff have undergone effective orientation to the facility
	C-12	Facility does not use agency staff
	C-13	If "no" is the answer above, facility has studied recruitment and retention to identify the root cause.
		If "yes" above, what of the following is facility doing to retain staff?
	C-14a	Financial:
	C-14b	Salary
	C-14c	Bonus
	C-14d	Benefits

**State of Maryland, DHMH
Office of Health Care Quality – Technical Assistance Unit
2006 Annual QA Survey**

	C-14e C-14f C-14g	Professional growth: Opportunities for advancement Professional development/education
	C-14h C-14i C-14j C-14k C-14l C-14m	Working conditions: Staffing ratios Communication Flexible schedule Recognition Leadership stability
	C-14n C-15o	Employee Lounge Other (identify)
		Amount of money spent on agency use last year
		Average census
MEDICARE Part D		
	MC-1	Facility has plan to ensure residents receive meds with new plan
	MC-2	Facility has system to implement when meds do not arrive on time
Surveyor will advise facility to mail to Masterson (anonymously if desired) any issues they have dealing with the following: <i>Medicare Part D</i> <i>Staffing Agencies</i> <i>PPOC</i>		

[illegible]